FRIENDLY VILLAGE PO BOX 857

Home Health Care

Day Services

Respite Care

Other Meals

Adult Day Care

Transportation

Other Services

Referral Service

Congregate Meals

Adult Day Health Care

Home Delivered Meals

RHINELANDER 54501 Phone: (715) 365-6740 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 155 Total Licensed Bed Capacity (12/31/00): 150 Number of Residents on 12/31/00: 130

No

Services Provided to Non-Residents

Supp. Home Care-Household Services

Supp. Home Care-Personal Care

Provide Day Programming for Mentally Ill

Provide Day Programming for Developmentally Disabled

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Yes
Average Daily Census: 133

\* Age, Sex, and Primary Diagnosis of Residents (12/31/00) Length of Stay (12/31/00) Age Groups Primary Diagnosis Less Than 1 Year 43.8 1 - 4 Years 31. 5 Developmental Disabilities Under 65 4.6 More Than 4 Years 4.6 24.6 Mental Illness (Org. /Psy) 9. 2 20.0 65 - 74 Mental Illness (0ther) 75 - 84 34.6 100.0 5.4 Alcohol & Other Drug Abuse 0.8 85 - 94 **40**. **0** Para-, Quadra-, Hemi plegic Full-Time Equivalent 0.0 95 & 0ver 11.5 Nursing Staff per 100 Residents (12/31/00) Cancer 2.3 Fractures 100.0 5.4 Cardi ovascul ar 17.7 65 & Over 95. 4 Cerebrovascul ar 9. 2 RNs 15.0 Di abetes 6. 2 Sex LPNs 7. 5 Nursing Assistants Respi ratory 3.8 Other Medical Conditions Male 29.2 Aides & Orderlies 30.0 24.6 70.8 Femal e 100.0 100.0

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Pri vate Pay			Managed Care			Percent
	Per Diem			m	Per Diem		m	Per Diem			Per Diem		Per Diem Tota			Of All	
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	4 1	\$117. 42	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	4	3. 1%
Skilled Care	11	100. 0		81	82. 7	\$100. 73	ŏ	0. 0	\$0.00	21		\$149.00	ŏ	0. 0	\$0.00	$113^{\circ}$	86. 9%
Intermediate				13	13.3	\$84. 04	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	13	10.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		98	100. 0		0	0.0		21	100.0		0	0.0		130	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	, and Activities as of 1	2/31/00
beatis burning keporting reriod				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	4. 7	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 9	Bathi ng	18. 5		61. 5	20. 0	130
Other Nursing Homes	1.6	Dressi ng	23. 1		57. 7	19. 2	130
Acute Care Hospitals	89. 5	Transferring	41. 5		43. 1	15. 4	130
Psych. HospMR/DD Facilities	0.0	Toilet Use	33. 8		46. 2	20. 0	130
Rehabilitation Hospitals	0. 0	Eating	<b>75. 4</b>		17. 7	6. 9	130
Other Locations	2. 3	****************	*********	******	********	*******	*****
Total Number of Admissions	258	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 2	Recei vi ng	Respiratory Care	9. 2
Private Home/No Home Health	28. 1	Occ/Freq. Incontinent	of Bladder	<b>56</b> . 2	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	18. 0	Occ/Freq. Incontinent	of Bowel	36. 2		Sucti oni ng Č	0. 0
Other Nursing Homes	6. 7	_			Recei vi ng	Ostomy Care	0. 8
Acute Care Hospitals	10. 5	Mobility			Recei vi ng	Tube Feedi ng	0. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	2. 3	Recei vi ng	Mechanically Altered Die	ts 34.6
Reĥabilitation Hospitals	0. 0				Ü	v	
Other Locations	9.0	Skin Care			Other Reside	nt Characteristics	
Deaths	27. 7	With Pressure Sores		3. 1	Have Advan	ce Directives	84. 6
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	267	<u>.</u>	. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	***	Receiving	Psychoactive Drugs	38. 5

	Ownershi p:		Bed	Si ze:	Li ce	ensure:				
	Thi s	Propri etary		100- 199		Skilled		Al l		
	Facility	Peer	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	87. 5	80. 4	1.09	82. 6	1.06	84. 1	1.04	84. 5	1.04	
Current Residents from In-County	81. 5	74. 2	1. 10	79. 7	1. 02	76. 2	1. 07	77. 5	1.05	
Admissions from In-County, Still Residing	18. 2	19. 0	0. 96	22. 3	0. 82	22. 2	0. 82	21. 5	0.85	
Admi ssi ons/Average Daily Census	194. 0	135. 3	1. 43	126. 4	1. 53	112. 3	1. 73	124. 3	1. 56	
Discharges/Average Daily Census	200. 8	137. 7	1.46	127. 9	1. 57	112. 8	1. 78	126. 1	1. 59	
Discharges To Private Residence/Average Daily Census	92. 5	<b>57.</b> 0	1. 62	<b>52</b> . 7	1. 75	44. 1	2. 10	49. 9	1.85	
Residents Receiving Skilled Care	90. 0	89. 4	1. 01	89. 2	1. 01	89. 6	1.00	83. 3	1.08	
Residents Aged 65 and Older	95. 4	95. 9	1.00	95. 1	1.00	94. 3	1. 01	87. 7	1.09	
Title 19 (Médicaid) Funded Residents	75. 4	71.6	1. 05	70. 7	1. 07	70. 1	1. 08	<b>69</b> . <b>0</b>	1. 09	
Private Pay Funded Residents	16. 2	19. 0	0. 85	19. 5	0. 83	21. 4	0. 76	22. 6	0.71	
Developmentally Disabled Residents	4. 6	1. 2	3.80	0. 9	5. 26	0. 9	5. 03	7. 6	0. 60	
Mentally III Résidents	25. 4	35. 9	0.71	36. 3	0. 70	39. 6	0. 64	33. 3	0. 76	
General Medical Service Residents	24. 6	18. 2	1. 35	19. 1	1. 29	17. 0	1. 45	18. 4	1. 34	
Impaired ADL (Mean)	39. 1	47. 3	0.83	48. 4	0. 81	48. 2	0.81	49. 4	0. 79	
Psychological Problems	38. 5	<b>45.</b> 0	0. 85	49. 3	0. 78	50. 8	0. 76	50. 1	0. 77	
Nursing Care Required (Mean)	6. 1	6. 7	0. 90	6. 5	0. 93	6. 7	0. 90	7. 2	0.85	